



# JOHN D. KINARD

## DISTRICT CLERK GALVESTON COUNTY

22-CV-0675

### REQUEST FOR ISSUANCE OF SERVICE

Galveston County - 56th District Court

Case Number: \_\_\_\_\_

Court Description: \_\_\_\_\_

Name(s) of Documents to be served: Plaintiff's Original Petition

**EXHIBIT GC003**

### SERVICE TO BE ISSUED ON (Please list exactly as the name appears in the pleading to be served)

Issue Service To: Tight Ends Sports Bar & Grill, LLC

Address of Service: 9900 Spectrum Drive

City, State & Zip: Austin, Texas 78717

Agent (IF APPLICABLE) United States Corporation Agents, Inc., or wherever it may be found

### TYPE OF SERVICE TO BE ISSUED:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> Citation            | <input type="checkbox"/> Citation by Posting   | <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Citation Rule 106 Service   |
| <input type="checkbox"/> Temporary Restraining Order    | <input type="checkbox"/> Precept               | <input type="checkbox"/> Notice                  | <input type="checkbox"/> Secretary of State Citation |
| <input type="checkbox"/> Protective Order               | <input type="checkbox"/> Citation Scire Facias | <input type="checkbox"/> Attachment              | <input type="checkbox"/> Certiorari                  |
| <input type="checkbox"/> Garnishment                    | <input type="checkbox"/> Habeas Corpus         | <input type="checkbox"/> Injunction              | <input type="checkbox"/> Sequestration               |
| <input type="checkbox"/> Subpoena                       |  |  |  |
| <input type="checkbox"/> Other (Please Describe): _____ |  |  |  |

*All service fees for Sheriff and Constable are collected by the clerk of court at the time of request.*

### UPON ISSUANCE OF SERVICE: (CHECK ONE ONLY)

- ☐ Send to Sheriff
- ☐ Galveston County Constable Name and Address: \_\_\_\_\_
- ☐ Civil Process Server (Include the name of the Authorized Person to pick-up): \_\_\_\_\_
- ☐ Call attorney for pick up (Phone Number): \_\_\_\_\_
- ☐ Mail to attorney at: \_\_\_\_\_
- ☒ Email Service to: Preston Kamin (pkamin@grayreed.com)
- ☐ District Clerk serve by certified mail: \_\_\_\_\_
- ☐ Send to League City

### ISSUANCE OF SERVICE REQUESTED BY:

Attorney/Party Name: Preston Kamin

Phone Number: 713-986-7000

Email Address: pkamin@grayreed.com